

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	1					
11	2					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	2					
22	2					
23	2					
24	1					
25	2					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	46					
TOTAL CLAIMS	53					

TOTAL IND.	7			
TOTAL DEP.	46			
TOTAL CLAIMS	53			